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PTO/SB/21 (10-96)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/311,014	
	Filing Date	May 13, 1999	
	First Named Inventor	MICHAEL A. HELGESON	
	Group Art Unit	2735	
	Examiner Name	Not Assigned	
Total Number of Pages in This Submission	9	Attorney Docket Number	H16-25239 US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Checklist and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> After Allowance Communication to group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Declaration and Power of Atty
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	IAN D. MACKINNON REG. NO. 34,660		
Signature	<i>Ian D. Mackinnon</i>		
Date	6/22/99		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope address to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:			
Type or printed name	SANDY TRUEHART		
Signature	<i>Sandy Truehart</i>	Date	6-22-99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL

Note: Effective October 1, 1997,
Patent fees are subject to annual revision

COMPLETE IF KNOWN

Application Number	09/311,014
Filing Date	May 13, 1999
First Named Inventor	MICHAEL A. HELGESON
Group Art Unit	2735
Examiner Name	Not Assigned
Attorney Docket No.	H16-25239 US

TOTAL AMOUNT OF PAYMENT (\$1136.00)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over
- Deposit Account Number 08-2727
- Deposit Account Name
- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 & 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the

2. ☐ Payment Enclosed:
- ☐ Check ☐ Money Order ☐ Other

Fee Calculation

1. Filing Fee

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$		
101	760	201	380	Utility Filing Fee	760.00
106	310	206	155	Design Filing Fee	
107	480	207	240	Plant Filing Fee	
108	760	208	380	Reissue Filing Fee	
114	150	214	75	Provisional Filing Fee	
Subtotal (1)					(\$ 760.00)

2. Claims

Extra		Fee from below		Fee Paid
Total Claims	-20 =	10	x 18.	
30	-20 =	10	x 18.	180.
Independent Claims	-3 =	2	x 78.	156.
Multiple Dependent Claims				

Large Entity		Small Entity		Fee Description
Fee Code	Fee \$	Fee Code	Fee \$	
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim
109	78	209	39	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of 20 and over original patent
Subtotal (2) (\$ 336.00)				

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$		
105	130	205	65	Surcharge - Late Filing Fee	
127	50	227	25	Surcharge - Late provisional filing fee or cover sheet	
139	130	139	130	Non-English Specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner Action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner Action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1360	218	680	Extension for reply within fourth month	
128	1850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for Oral Hearing	
138	1,510	138	1,510	Petition to institute a public use hearing	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to Provisional applications	
126	240	126	240	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))	
149	760	249	380	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) Notice to File Missing Parts 130.00

Other fee (specify)

* Reduced by Basic Filing Fee Paid Subtotal (3) (\$ 170.00)

SUBMITTED BY

Typed or Printed Name IAN D. MACKINNON

Signature

[Signature]

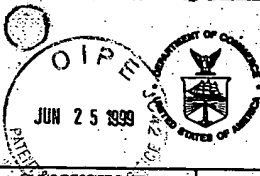
Date

6/8/99

COMPLETE IF APPLICABLE

Registration Number 34,660

Deposit Account User ID



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
09/311,014	05/13/99	HELGESON	M 1004.1129101

JOHN G SHUDY JR
HONEYWELL PLAZA
P O BOX 524
OFFICE OF GENERAL COUNSEL MN12-8251
MINNEAPOLIS MN 55440-0524

0232/0609

NOT ASSIGNED

2735

DATE MAILED:

06/09/99

NOTICE TO FILE MISSING PARTS OF APPLICATION
Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of ☐ \$65.00 for a small entity in compliance with 37 CFR 1.27, or ☒ \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a ☐ small entity (statement filed) ☒ non-small entity is \$ 4096.00

☒ 1. The statutory basic filing fee is:

☒ missing

☐ insufficient

Applicant must submit \$ 760.00 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).

☒ 2. The following additional claims fees are due: 336.00

\$ 180.00 for 10 total claims over 20.

\$ 156.00 for 2 independent claims over 3.

\$ _____ for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

☒ 3. The oath or declaration:

☒ is missing or unsigned.

☐ does not cover the newly submitted items.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.

☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

☐ 7. Your filing receipt was mailed in error because your check was returned without payment.

☐ 8. The application was filed in a language other than English.

Applicant must file a verified English translation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).

☐ 9. OTHER:

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice MUST be returned with the reply.

W M Medley
Customer Service Center
Initial Patent Examination Division (703) 308-1202

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39 RMAGRT

760.00 CH
180.00 CH
156.00 CH
130.00 CH